

INFLAMED APPENDIX IN THE SAC OF A FEMORAL HERNIA.¹

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MRS. O., a widow, aged twenty-nine years, mother of one child, now seven years old, a very robust woman, who has always enjoyed exceptionally good health, first noticed a swelling in her right groin four years ago; it had developed very gradually, and, as it had given her little or no pain or inconvenience and had always disappeared when in a recumbent position, she gave it little or no thought until the latter part of October, 1903, when she noticed it was increasing very rapidly in size and was very painful to the touch, and did not disappear when in a recumbent position as formerly.

She consulted Dr. L. S. Savage on October 31, 1903. At that time he found the condition above described, and that she had a temperature of 101° F. I saw her in consultation with Dr. Savage the next day, and diagnosed the case as one of incarcerated femoral hernia, and advised an early operation, not urging an immediate operation, as there were no symptoms of strangulation. The hernia was about the size of a duck's egg, and was in somewhat the shape of an hour-glass; this was due to a constricting band around the mass. The hernia was very tense and extremely painful on the slightest manipulation, and apparently irreducible by manipulation. Her temperature was 100° F. at that time.

She was admitted to Sibley Hospital on November 2, and was operated on the morning of the 3d.

Through the usual incision for operating for femoral hernia, the hernial protuberance was easily enucleated from the surrounding structures *en masse*, exposing the neck of the sac at the point of its exit from the femoral ring. Upon opening the hernial sac there was a gush of peritoneal fluid, which was confined under considerable pressure. There was neither intestine nor omentum

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in the sac, but firmly adherent on the side was the appendix cæci with the distal end ulcerated and much enlarged. Upon examination, it was readily seen that the internal membrane presented a condition of acute peritonitis extending to the lumen of the neck of the sac, whose walls were closely adherent, the result of the inflammatory condition, thus confining the peritoneal fluid to the hernial sac and protecting the general peritoneal cavity from the peritonitis.

After separating the appendix from its adhesions, it was amputated in the usual way, and the wound was closed as for a radical cure for femoral hernia. Primary union resulted; the patient made an excellent recovery, and left the hospital at the end of two weeks.

It would seem that nothing new could be added to the subject of appendicitis; nevertheless, this case does offer something entirely new, in that the appendix was accidentally found presenting all of the characteristic clinical features of an acute appendicitis outside of the abdominal cavity.

After exhausting, with a negative result, every resource at my command to ascertain if ever such a case had been recorded, I wrote to Dr. W. B. Coley, of New York, who has probably operated on more cases of hernia than any surgeon in this country, to know if he had ever encountered such a case. The following is from his reply:

"I have never personally found the appendix in a sac of a femoral hernia, although I have seen it a good many times in inguinal hernia, once on the left side. I also saw Dr. Carl Beck operate on a case of irreducible femoral hernia some years ago, in which the appendix was found in the sac, though there were no symptoms of strangulation or incarceration in this case.

"I think your case must be very *nearly unique*. I have recently operated upon a similar case, an inguinal hernia in the female, in which the appendix was incarcerated and much inflamed."